

30-49

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	request	705	6-14-01 27-31-01

INDEX OF CLAIMS

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
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49		49		49	
50		50		50	

More than 150 claims or 10 actions
Please add additional sheet here